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PTO/SB/05 (12/97)
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Patent and Trademark Office: U. S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	RN1153	Total Pages	3
	First Named Inventor or Application Identifier			
	Banumathy K. Sundhar			
	Express Mail Label No.	EL355508970US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 20]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 6]</p> <p>4. Oath or Declaration [Total Pages 2]</p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
(Note Box 5 below)i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting Inventor(s) named in the prior application, see 37 CFR 1.63(d) and 1.33 (b). <p>5. <input type="checkbox"/> Incorporation By Reference (usable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being a part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies |
|--|--|

ACCOMPANYING APPLICATION PARTS	
<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEM 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign Priority is claimed)</p> <p>16. <input type="checkbox"/> Other: _____</p>	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: /

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		<div style="border: 1px solid black; padding: 2px; text-align: center;">(Insert Customer No. or Attach bar code label here)</div>		or <input checked="" type="checkbox"/> Correspondence address below	
NAME	Steven B. Phillips				
ADDRESS	Nortel Patent Department P.O. Box 13828				
CITY	Research Triangle Park	STATE	NC	ZIP CODE	27709-3828
COUNTRY	U.S.A.	TELEPHONE	919-997-4453	FAX	919-997-6659

⊕ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of Time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL <small>Note: Effective October 1, 1997. Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number		
		Filing Date		
		First Named Inventor	Sundhar	
		Group Art Unit		
TOTAL AMOUNT OF PAYMENT (\$)		838	Attorney Docket Number	RN 1153


METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit and over payment to: Deposit Account Number 50-0873 Deposit Account Name _____ <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee in 37 CFR 1.18 at the Mailing of the Notice of Allowance		3. ADDITIONAL FEES			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	760
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$) 760
2. CLAIMS					
Total Claims	16	-20 =		X	
Independent Claims	4	-3 =	1	X	78
Multiple Dependent Claims				X	
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	22	303	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	82	209	41	Reissue independent claims over original patent	
110	22	210	11	Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 78
				Other fee (specify) _____	
				Other fee (specify) _____	
				* Reduced by Basic Filing Fee Paid	
SUBTOTAL (3)					(\$)

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Steven B. Phillips	Reg. No.	37,911
Signature	<i>Steven B. Phillips</i>	Date	5/26/99
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"EXPRESS MAIL CERTIFICATE"

Express Mailing Label Number EL355508970US
Date of Deposit May 26, 1999 I hereby certify that
the accompanying Application is being deposited
with the United States Postal Service "Express Mail
Post Office to Addressee" service under 37 CFR
1.10 on the date indicated above and is addressed
to the Assistant Commissioner for Patents,
Washington, D. C. 20231.

A handwritten signature in cursive script, reading "Debra Quadrino", is written over a solid horizontal line.

Debra Quadrino